

MEDICATION PERMISSION SLIP AND RELEASE - New Jersey Wing CAP

National Civil Air Patrol has instituted a new policy on cadet medications during CAP activities. This permission slip and release form reflects those policies and guidelines.

- 1. All medication(s) must be in the original manufacturer's container (including over-the-counter products) or in the original pharmacy container with the original label (prescription products).**
2. CAP medical and activity personnel may agree to accept the responsibility of making sure a minor cadet is reminded to take any medication at the times and in the frequencies prescribed. However, no senior member will be required or encouraged to do so. The administration of legal prescription and non-prescription medication(s) is the responsibility of the CAP member and not the CAP Corporation or activity personnel.
3. Please label & pack all medications in a sealable bag. You must include a copy of this medical data form with the medications and return a copy with the application for the Medical Officer's file. Do not send more medicine than is needed for the duration of the encampment and/or activity.

_____ (cadet's name, printed) is authorized and has been instructed on the proper use of the following medications:

*(Please list **ALL** prescription and non-prescription (over-the-counter) drugs and medications now being taken by the cadet or that could be taken during the activity)*

<u>Medication Name</u>	<u>Strength</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason/Comment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My Cadet has been instructed in the correct usage and knows the frequency that he/she needs to take the above-listed medications. I give my cadet permission to have these medications and to use them as prescribed. I further consent to and authorize qualified activity personnel to supervise my cadet in the use and administration of the above listed medications at the appropriate times. It is understood and agreed that no medication or drugs of any kind will be dispensed unless they are in proper containers.

Date

Signature of parent or guardian

Printed name of parent or guardian

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